



IMPROVING QUALITY OF PATIENT SAFETY IN EFFECTIVE COMMUNICATION OF SBAR TECHNIQUE

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ABSTRACT **BACKGROUND:** Patient safety is the primary objective of health services. The important role of nurses and doctors is by using effective communication continuously with SBAR (situation, background, assessment, recommendation). This study aimed to evaluate the effectiveness of SBAR communication for nurses and doctors in hospitals.

METHOD: Qualitative research with action research approach conducted in two cycles. First cycle planning stage is pre-study conducted observation. Action Phase carried out the training and observation during training. Reflection Phase is the feedback and the stage of improvement plan drawn up guidelines for the Focus Group Discussion (FGD) and interviews. The second cycle of action phase is FGD, while the reflection phase is interview. The comparison of the first cycle and second cycle conducted in evaluation phase. Analysis of data used manual coding.

RESULTS AND DISCUSSION: The research result consists of six themes and 14 sub-themes, namely communication processes, techniques and procedures, implementation of SBAR, condition reports of the patient, the evaluation of the implementation, and interpersonal communication. From the analysis there were some obstacles resulting in less-optimal communication between nurses and doctors using SBAR. Some of them related to the perception, values, cultural background, knowledge, roles and location interaction.

CONCLUSION: The researchers concluded that nurses and doctors understand the SBAR communication technique. However, SBAR communication measures implemented more optimal only after the training course.

KEYWORDS : Communication, Sbar, Effective Communication

INTRODUCTION

Safety became a global issue in hospital services. Five key issues in hospital-related safety are the patient safety, the health worker safety, safety of the equipment and buildings at the hospital, the safety of the environment, and the safety of the hospital business [1]. Of the five important issues, patient safety is a top priority, because the patient is the driving source of hospital activities relating to quality of service and the image of the hospital.

In 2002, the World Health Organization (WHO) set the resolution to countries to pay attention to safety and improve patient safety monitoring system implementation. WHO and a couple of agencies established the "The World Alliance for Patient Safety" in October 2004 to raise the issue of Patient Safety Goal "First do no harm" and reduce morbidity, injuries and deaths suffered by patients[2].

Implementation of hospital services refers to one of patient safety is the implementation of effective communication. Effective communication standard framework used is based on the SBAR technique, which is used in the nurse handover, transferring the patient or reporting to the doctor about patient's condition by phone or verbally [3].

Effective communication is one of the competencies required by nurses and doctors in providing services. In America, the results of safety studies of patients in the late 1990s found 3.9% incidences and 2.7% of the incidences are those not expected to occur in hospitalized patients, Twenty years later, the Global Trigger Tool measurement showed that the adverse events increased 10-fold to 32% [4].

Appropriate patient safety goals that increase effective communication can be done by using the SBAR, it is supported in the research journal of the picture of effective communication in the application of patient safety[5]. This study can provide a picture that SBAR communication process into a good communication tool in the process of patient care is made between doctors and nurses[3], also researching on effective communication in the Intensive Care Unit.

From the results of previous studies can be understood that the SBAR communication technique can be used as an effective communication to prevent the occurrence of unexpected events[6], it is also stated that the communication techniques that can improve patient safety is the Situation, Background, Assessment, and Recommendations (SBAR) communication technique. This communication technique can be done by telephone between nurses and doctors using SBAR tool that is structured and accurate. It can evaluate the problems that occur due to an error message being communicated[7].

Based on the results of pre-research, aspects of the SBAR communication technique has been carried out but the evaluation of the implementation has not been done, so it needs a special evaluation concerning the implementation of SBAR conducted between nurses and doctors.

RESEARCH METHODS

This research is a qualitative research with action research approach in a private hospital in Yogyakarta. This study was conducted in two cycles. In the first cycle there are several stages of the Planning, Action, Reflection and Improvement Plan.

In planning cycle, the researchers developed guidelines for the observation and observation of pre-research. In the action phase, researchers conduct training activities with observation. After the implementation of training the researchers conducted feedback as a part of the reflection stage. The next stage is the improvement plan to prepare the next action in the form of guidelines for preparation of FGD (focus Group Discussion) and interviews.

In the second cycle there are several stages: Action, Reflection and Evaluation. In the action phase, the researchers held the FGD. Later in this reflection process, researchers conducted in-depth interviews. Evaluation is in the last stage of the second cycle in which researchers summarize and compile the description of FGD and interviews conducted to determine their conclusion. Furthermore, researchers compared the data results of the study in the first cycle and the second cycle. Chart of the action research is as follows:

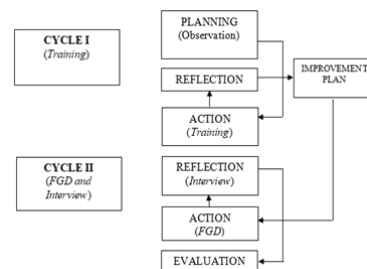


Figure 1: Chart Action Research

RESULTS AND DISCUSSION

CHARACTERISTICS OF OBSERVATION AND TRAINING RESPONDENTS:

Below are the characteristics of survey respondents in the first cycle of observation and training phase.

The majority of the research subjects' characteristics in the first cycle stage of observation and training were female gender (83%). This is because the number of male nurses in the study only 10% of the total number of nurses, aged between 26-35 years (94%). 98% of the total amount of nurses are productive ages, and education level is bachelor degree (72%) and length of work is between 5-10 years (94%), considering the hospital operational is 13 years at the moment the research was taken.

CHARACTERISTICS OF FGD RESPONDENTS:

The majority of the research subjects characteristics in the second cycle stage of the FGD were female gender (80%) this is because the number of male nurses in the study only 10% of the total number of nurses, aged between 26-35 years (100%). 98% of the total amount of nurses are productive ages, and education level is bachelor degree (50%) and length of work is between 5-10 years (100%).

CHARACTERISTICS OF INTERVIEW RESPONDENTS:

The majority of the research subjects' characteristics were female gender (100%). This is respondents represent the flow of the reporting process in the hospital. Age between 26-35 years (50%), and education level is bachelor degree (50%) and length of work is between 5-10 years (50%).

CYCLE I

In the first cycle, the researchers conducted several phases including planning, action, reflection and improvement plan.

a) The planning stage.

At this stage, the data of patient safety reported 3 incidents. It is due to communication errors that do not use the complete SBAR technique.

This incident resulted in delays of service. Some delays due to communication that does not comply with the method of SBAR, among others, delays of surgery, drug delivery delays as well as delays in giving transfusion. However, it does not cause adverse effects to the patient.

b) Actions Phase

At this stage of action, the researchers carry out measures to provide training of SBAR. To strengthen the substance of the data, the researchers equip with observation during the training. During the training it can be seen that the effective communication increased, the research provides an understanding of SBAR communication technique. Observation during the training showed that the implementation of SBAR training runs smoothly. All the trainees listened attentively. However, the SBAR communication practices are more effective during the training course. After the training, researchers found the problem of patient's condition assessment that is not complete, especially the patient report. Therefore, based on the observation of the first cycle researchers plan to carry out repair as consideration of FGD in the second cycle.

c) Reflection Phase

The results of reflection in the first cycle are the occurrence of several patient safety incidents as a result of the implementation of communication that is not in accordance with the SBAR method. All respondents agreed that the method of SBAR is very important for patient safety in hospitals.

d) Improvement Plan Phase

In this phase, the researchers set up FGD and interview guide as the action and reflection phase on the second cycle.

CYCLE II

a. Phase action using FGD method.

FGD in the second cycle illustrates that there are three themes of several sub-themes based on the results of coding that has been done. These themes are as follows:

- 1) The process of improving effective communication between nurses and doctors. This theme explained that the implementation of SBAR communication procedures is more communicative and structured. The SBAR complete aspect is the method of reporting to the doctor.
- 2) SBAR communication techniques and procedures. Nurses and doctors have to consider the SBAR aspect at the time of reporting patient's condition and handover. All nurses and doctors understand that SBAR technique can be done to improve effective communication due to the more detailed and structured factors it has in communication.
- 3) Implementation of the SBAR communication in hospital. In

practice, the SBAR communication has not been fully implemented. It is understood and been carried out by the medical workers, but is still unstructured. Therefore, from the results of the FGD implementation, nurses and doctors make agreements in the application of effective communication to improve patient safety by using SBAR technique.

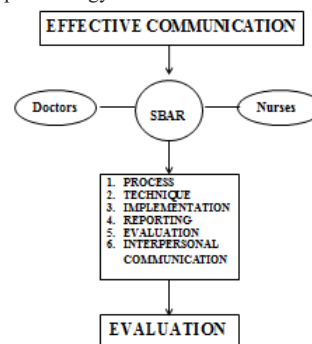
b. Reflection Phase

The result of in-depth interview is a reflection of the implementation of FGD. In addition, the researchers also made interview questions associated with the observation result during the implementation of the FGD, as well as the follow up of the pre-study observation. Data from the interviews in the second cycle illustrates that there are three themes of several sub-themes that have been obtained based on the coding. These themes are as follows:

- 1) Reporting condition of the patient using the SBAR. Reporting is done by SBAR communication technique considering the patient's condition data. However, in the communication process, there are several barriers related to language and incomplete data related with the patient's condition.
- 2) Evaluation of the implementation of the SBAR communication. Evaluation of the implementation of the SBAR communication in this study has not been fully carried out. So that the cooperation between teams still needs to be improved for two-way communication. SBAR communication has actually been applied but is still not maximized.
- 3) Improved interpersonal communication of nurses and doctors. In improving interpersonal communication and strengthen teamwork, nurses and doctors experienced some obstacles in communication. Nurses and doctors understand the importance of teamwork.

a) Evaluation phase

From the results described above, we draw evaluation frame of Situation, Background, Assessment and Recommendation to increase the effective communication of nurses and doctors at the private hospital in Yogyakarta:



DISCUSSION

In the observations of the first cycle, the researchers found some data related with the formulation of the first issue of the SBAR communication processes and techniques of effective communication between nurses and doctors in hospital. In the patient condition report, the communications made by nurses to doctors using SBAR technique especially when nurses reported the patient's condition to the physician and transferring patient to the other treatment room. According to research related to this study [8] the SBAR communication can be done in reporting patients' condition to the physician, transferring patients to other treatment room and during health workers report of patient's condition to the physician or other health care team. From this explanation, it can be understood that the SBAR communication is a communication method used by the medical team members in reporting health condition of the patient when providing patient care in hospitals[9].

In relation with that, the results of the pre-study researchers showed that doctors in hospitals need data about the situation, background, assessment of the patient and the results that have been done by nurses. However, from the results of observations it is found some patient safety incidents due to a communication error. This occurs at the time of reporting, SBAR communication made was incomplete. It was concluded that the four steps in the SBAR communication technique should be done to the fullest. If one aspect of the measures is not implemented, will affect the other aspects. In this regard[5], SBAR

suggests that the method can be used as a standard by health personnel to communicate between team members with a uniform technique to help develop and promote patient safety.

Based on result data of these observations, the researchers conducted measures to provide training on SBAR which aims to prevent patient safety incidents. Material presented in the form of an explanation of the definition, assessment methods and the need to have complete information before reporting the patient condition to other medical personnel. SBAR communication patterns is delivered during training [10].

From the results of the first cycle of this reflection, the researchers assess that patient safety incidents are affected by interpersonal communication of the doctors and nurses. Interpersonal communication is the communication between two or more people, which allows the reaction of others directly, either verbally or non-verbally [11]. The lack of interpersonal communication is the point of the problem at this stage of reflection. SBAR communication uses a highly structured tool to achieve a critical thinking skills [3].

Related with the barriers experienced when communicating, the researchers showed that some of the obstacles experienced in communication is on the reporting of the patient's condition done by phone and face to face that lead to misperception. According to [11], interpersonal communication is a communication between two people or more that allows the immediate reaction, both verbally and non-verbally. From these explanations it can be concluded that report of patient condition, the nurse should communicate directly to the physician by phone related to changes of the patient's condition.

All participants agreed that communication SBAR is an effective and efficient communication tool for professional in health care service. SBAR communication methods aim to prevent communication errors and aims to provide appropriate services for patients. This is consistent with the explanation [12]. In general, nurses and doctors can feel that communication SBAR provide benefits in more comprehensive information of patient condition. Misunderstandings and differences in perceptions of health workers who make errors in handling patients related to giving information of patient's condition is not yet fully complete. A good relationship between nurses and doctors is not always contribute positively to report the condition of the patient due to several things that an affect the communication process. According to [13], some things can affect the communication process are social status, cultural status, psychological status, prejudice, semantic constraints, the environment, and environmental barriers.

CONCLUSIONS

The implementations of effective communication between nurses and doctors have been carried out in accordance with procedures adopted by the hospital. Through verbal and written communication, to improve patient safety in nursing services, medical personnel always communicated in many forms of activities including the hand over, reporting, and transferring patients. From the evaluation results of communication SBAR to increase effective communication between nurses and doctors, there are still some incidents related with patient safety. One main reason is due to the lack of reporting data. It occurs because the implementation of communication SBAR was not fully implemented. The implementations of the communication SBAR reach a maximum goal only when medical personnel receive the training.

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